

STATE FISCAL YEAR 2009

REQUEST FOR PROPOSALS (RFP)

NEW JERSEY COMMISSION ON CANCER RESEARCH

And

**NEW JERSEY DEPARTMENT OF HEALTH AND SENIOR SERVICES
DIVISION OF FAMILY HEALTH SERVICES**

CANCER PREVENTION AND TREATMENT SERVICES

I. General Information

A. Statement of Purpose

The New Jersey Department of Health and Senior Services (DHSS), Division of Family Health Services, is announcing the availability of State Fiscal Year 2009 funds for the development of exemplary clinical cancer services aimed at assuring “state of the art” treatment and prevention across New Jersey and increasing access to new technologies and quality cancer services for the State’s underserved and uninsured populations. Funding will be available to licensed New Jersey hospitals that meet the applicant eligibility requirements delineated in Section II.

New discoveries in cancer research are creating a need to accelerate the transfer of this new knowledge and potential therapies into patient care at the community level. The need for “state of the art” cancer treatment and prevention services, especially for underserved and uninsured populations, is critical if all of our citizens are to benefit from this progress

Prevention and early detection of cancer is essential if we are to reduce disparities in morbidity and mortality between white and non-white populations, those who are socio-economically disadvantaged, and those without health insurance. Cancer takes an emotional and financial toll not only on the person diagnosed, but also on their family and support systems. Cancer treatment can be quite expensive. According to the American Cancer Society the annual cost of providing direct medical care for those with cancer in the United States in 2007 was \$89 billion. Being uninsured or underinsured presents a major, and often, fatal barrier in accessing timely and appropriate health care. Support that enables hospitals to provide cancer prevention, as well as diagnostic and treatment services to the medically underserved, is the priority of this RFP.

B. Background

A study by the American Cancer Society (ACS) found that people diagnosed with cancer who do not have health insurance are more likely to die because they are less likely to get screening tests and are, therefore, diagnosed with advanced disease. Even for some with health insurance, the out-of-pocket costs for cancer treatment can be unaffordable. This RFP is issued to increase access to prevention and early detection of cancer and, if cancer is found, access to appropriate treatment.

According to Harold Freeman, MD, Associate Director of the National Cancer Institute (NCI) and Director of the NCI Center to Reduce Cancer Health Disparities, there is also “a disconnect between what we discover and how we deliver to all Americans in the form of prevention, diagnosis and treatment.” (Poverty, Culture and Social Injustice Determinants of Cancer Disparities, CA: A Journal for Clinicians, Vol 54, No 2. March/April 2004, pg. 73.) Further, he argues that this disconnect is a major determinant of cancer disparities. (President’s Cancer Panel, pg. 79.)

In 1999, as reported in the publication *Healthy New Jersey 2010*, cancer was identified as the most important health care issue facing New Jersey in a survey of New Jersey residents. Cancer is not one disease affecting one organ, but over 100 complex diseases characterized by uncontrolled abnormal cell growth. Each type of cancer has a different cause, and therefore has different risk factors, as well as prevention strategies.

Although the incidence rates for most cancers diagnosed among New Jersey residents have declined in recent years, possibly due to increased screening efforts, in New Jersey, cancer is the second leading cause of death and has been since 1995. For those persons 45 – 64 years of age, it has been the leading cause of death since 1995. ,

Using Uniform Billing 2006 information, the Center for Health Statistics identified 4,891 uninsured patients that were hospitalized with a diagnosis of cancer. This represents 5% of the 92,988 cancer inpatients for that year. In the publication *Medically Uninsured in NJ: A Chartbook*, the Rutgers Center for State Health Policy 2004 shows that there are regional differences in the percentage of uninsured throughout the State. The percent of uninsured in the southern region is estimated at 11% with the north east region having the highest percentage at 24%.

The ACS publishes *Cancer Facts and Figures* each year and includes information on cancer disparities. Some examples:

- African Americans are more likely to develop and die from cancer than any other racial or ethnic population.
- African Americans are more likely to be diagnosed at a later stage of cancer than whites.
- African American women have a lower incidence rate of breast cancer than white women. Yet, African American women are more likely to die of breast cancer than white women.
- Colorectal cancer is the second most commonly diagnosed cancer in both Hispanic/Latino men and women.
- Breast cancer is more frequently diagnosed at a later stage in Hispanic women than in non-Hispanics.
- Breast cancer is the most common cancer diagnosis for Hispanic women.

II. Program Policies and Requirements

A. Applicant Eligibility

An eligible applicant must be a hospital licensed in New Jersey by the DHSS;

The hospital must be accredited as a teaching hospital by the Commission on Cancer of the American College of Surgeons, have documented access to national clinical trials, and have an institutional commitment to “state of the art” cancer care, and evidence based medicine. Preference will be given to hospitals affiliated with a National Cancer Institute designated cancer center.

B. Target Population/Communities

At minimum, the target population must include uninsured and underinsured persons with incomes at or below 250 percent of the Federal Poverty Level. At a minimum, one to three centers will be supported under this RFA. The applicant shall clearly define the geographic region for which they are applying for funding. The target community should be consistent with the general service area identified in the hospital's catchment area. As a teaching hospital, accredited by the Commission on Cancer of the American College of Surgeons, the applicant will describe the population area receiving cancer treatment services at the hospital.

The applicant shall clearly delineate the target populations to be served through the prevention and treatment grant. The applicant must demonstrate how the grant will increase access to cancer prevention and treatment services for the target populations.

C. Funding Information

The State's Fiscal Year 2009 Budget includes funding for cancer research, treatment, and prevention. The State Budget language specifies that from the amount appropriated to Cancer Research, an amount up to \$17,000,000 is appropriated for competitive grants to be made by the New Jersey Commission on Cancer Research (NJCCR), for cancer research, treatment, and prevention.

After careful consultation, the DHSS and the NJCCR agreed that \$10 million of the \$17 million would be awarded for open and competitive cancer research grants, managed by the NJCCR. The balance of \$7 million is to be administered by the Division of Family Health Services, New Jersey Cancer Education and Early Detection Program (NJCEED) in DHSS, which supports all of the cancer clinical and prevention services and has expertise in treatment and prevention grants. The \$7 million is available for open and competitive grants for "state of the art" cancer prevention and treatment services for the underserved and uninsured

A total of \$7,000,000 will be available to support cancer prevention and treatment services. The amount of the awards will vary based on demonstrated need. Funds are provided through the State Appropriation described above and will be awarded through a Health Service Grant (HSG) to the approved applicants. The project period for this grant will **end on June 30, 2009.**

The \$7 million will be awarded for clinical enhancement and expanded services aimed at improving delivery of "state of the art" care to underserved and uninsured populations throughout New Jersey. At a minimum one to three centers will be supported under this RFA. Additional grants may be awarded beyond the minimum number based on the number of approved applications and availability of funding.

1. Allowable Costs

Funds **may** be used for:

- Primary and secondary prevention activities including patient/consumer education, smoking cessation, nutritional counseling and screening for early detection of cancer that focuses on one or more of the New Jersey Healthy People 2010 cancer objectives or strategies identified in the *Comprehensive Cancer Control Plan* prepared by the Task Force on Cancer Prevention, Early Detection and Treatment (2002).
- Supporting salaries or payment for health care practitioners including oncologists, clinical nurse specialist/oncology nurse practitioner, radiologists, or others as deemed appropriate.
- Diagnostic procedures required to confirm or negate the presence of cancer.
- Other laboratory, pharmacology, or radiology services/procedures as necessary for the diagnosis or treatment of cancer.
- Purchase of medical and related equipment to enhance the hospital's capacity to treat cancer patients.
- Increasing facility capacity through the renovation of existing but not currently usable space, and/or for rental/lease of adjacent additional space dedicated to cancer services.
- Other areas may be considered for funding support with adequate justification and demonstration of a direct relationship between the requested use of funds and meeting the goal and purpose of the cancer prevention and treatment initiative.
- Funds **may not** be used to support **new** facility construction costs.

There is no minimum matching funds requirement. However, the degree of agency commitment to the project, as evidenced by the contribution of organizational resources will be taken into consideration when awarding the funding.

The DHSS reserves the right to discontinue any cancer prevention and treatment initiative funding for failure to meet program requirements and/or timelines.

2. Reporting Requirements

Funded programs must submit progress reports, expenditure reports, and invoices on a quarterly basis. **The following dates must be adhered to:**

Funded programs must submit progress reports, expenditure reports, and invoices on a quarterly basis. Each grantee must adhere to the following reporting schedules:

- **First Quarter** (January 1-March 31, 2009)-**Due to State on April 10, 2009**
- **Second Quarter** (April 1-June 30, 2009)-**Due to State on Aug. 28 2009**

The second report is the Final Progress and Expenditure Reports. They are due to the State on or before August 28, 2009 – THIS DEADLINE IS MANDATORY. If reports are not received by the deadline, grantees may not be reimbursed for fourth quarter expenses.

Representatives of each grantee agency are required to attend all mandatory meetings and/or trainings.

D. Services

1. Primary and Secondary Prevention

- An amount up to 25% of grant funds requested may be dedicated to primary and secondary prevention activities.
- Primary prevention interventions may be in the form of patient education, nutritional counseling, smoking cessation, genetic screening or other assessment of cancer risk.
- Secondary prevention may include screening methods for the early detection of cancer not available through, or ineligible for, other state funded programs such as the NJCEED Program.

2. Treatment

Treatment services must be consistent with best practices as defined by the National Comprehensive Cancer Centers Network (NCCN). Treatment must be individualized and tailored. Each plan must be individualized not only based on the type and stage of cancer, but the lifestyle and support systems of the individual being treated. Treatment modalities must be offered on both an inpatient and outpatient basis. The cancer services should be aimed at assuring “state of the art” treatment and increasing access to new technologies and quality cancer services for the State’s underserved and uninsured populations.

III. Application Process

The proposal shall be submitted by an eligible applicant and shall consist of the following sections:

A. Needs Statement (Maximum 3 pages)

The applicant shall:

1. Describe the population and geographic area currently served by the hospital and identify current barriers to increasing access to cancer services for the target population and region.
2. Identify the number and percent of cancer patients receiving treatment services through the hospital and identify the number and percent of patients that are eligible for and are enrolled in the charity care program.
3. Describe the types of cancer treatment services offered by the hospital and those cancer services now covered by the charity care program for uninsured and underinsured patients.
4. Describe any cancer treatment services not currently covered by the charity care program.
5. For equipment or instrumentation enhancements, describe the added value that the equipment will make towards providing “state of the art” care in New Jersey.

B. Goals, Objectives and Strategies (Maximum 15 pages)

Goals, objectives and strategies shall be measurable with time lines for completion.

Primary and Secondary Prevention Activities

The applicant shall:

1. Describe the activities that will be carried out to increase primary and secondary cancer prevention activities to the targeted population and region.
2. Describe the hospital’s prior experience in primary and secondary prevention initiatives.
3. Describe the development and dissemination of public information for the early detection and control of cancer. (Consideration should be given to the cultural and racial/ethnic affiliations of all persons targeted for this project.)

4. Describe partnerships/collaboration with local community leaders in the planning, implementation, and maintenance of cancer health education services and programs; collaborate with other agencies, and consult with subject matter specialists in the planning, implementation, and maintenance process.

For other primary or secondary prevention programs:

5. Describe what interventions will be offered (e.g., nutritional counseling service, smoking cessation, genetic counseling) including frequency and duration.
6. Describe what cancer screening activities will be conducted and how screening services will be delivered.

Treatment Services (Maximum 4 pages)

1. Describe how the agency will deliver cancer treatment, case management, and follow-up services to the target populations within the identified catchment area.
2. Identify the types and modalities of treatment that will be made available through this initiative.
3. Demonstrate how the hospital inpatient and outpatient cancer treatment services are consistent with best practices as defined by the NCCN.
4. Describe the eligibility criteria and how uninsured and underinsured patients will gain access to the treatment services. Describe any charges the patient may incur by participating in this program. Identify the number of patients expected to receive cancer prevention and treatment services.
5. Describe what diagnostic and treatment services will be available to clients who are eligible.
6. Describe how the program will communicate with the patient and the family regarding treatment options and services and the cancer treatment plan.
7. Describe how the program will assist in educating and guiding the patient/family in understanding the importance of communication with the healthcare team.
8. Describe access to other related services including social services for case management and/or discharge planning.

C. Budget

Identify by line item the amount of funding requested to carry out the cancer prevention and treatment activities. The budget must include other resources to be used to carry out the initiative. The line item budget categories may include:

- Personnel (Salary and Fringe)
- Consultants
- Equipment/Supplies
- Facility Renovations
- Subcontracts
- Other

D. Budget Justification

The narrative must provide justification for each line item including how the expenditure of funding will increase the hospital's capacity to provide cancer prevention and treatment services to the targeted population and geographic region.

E. Proposal Submission Timeline

Eligible agencies interested in applying for these funds must submit a signed, original proposal and one (1) copy. The proposal must be received by the Division of Family Health Services, Chronic Disease Prevention and Control Services Unit no later than **4:00 P.M. Friday, December 5, 2008. No extensions will be granted.**

Proposals must be delivered by courier or via overnight mail to:

NJ Department of Health and Senior Services
Division of Family Health Services
Attention:
Chronic Disease Prevention and Control Services
Capital Center, 6th Floor
50 East State Street
P.O. Box 364
Trenton, NJ 08625-0364
(609) 292-8540

IV. Review Process

- Proposals received by the deadline will be reviewed for compliance with RFP requirements.
- Proposals will undergo a team review that will result in the ranking of applications based on the perceived need, the RFP and the review criteria.
- Agencies approved for funding will be ranked and awards will be negotiated with the top applicant in each of the three (3) regions of the State. Other grants will be awarded based on availability of funding.
- Budget negotiations with the top applicants will result in a final approval and budget agreement, an agency will receive notification of grant award.
- The Attachment C of the Health Service Grant will detail the terms and conditions of the cancer prevention and treatment initiative.
- The grant project period and budget period is **October 1, 2008 to June 30, 2009.**

V. Review Process

Criteria	Points
Demonstrated the need for “state of the art” primary and secondary cancer prevention and treatment services for the target population and geographic region. Identified barriers that could be minimized or overcome with grant support.	20
Identified treatment services that would be made available to those individuals with cancer who are uninsured or underinsured. Identified the number of patients expected to receive cancer prevention and treatment services.	20
Described how clinical enhancements or new technologies will improve overall clinical care. Described how patients would access these services and what benefits such services would bring.	20
Identified plans/strategies/activities that are reasonable and will increase access to “state of the art” primary and secondary cancer prevention and to cancer treatment services.	10
Identified specific time frames for delivery of the described services.	5
Documented experience in successfully implementing prior cancer prevention and treatment services to the target population and region. Listed all credentials for those who will be providing these services and identified all accreditations held by the institution related to this initiative.	10
Included data on current cancer patients/encounters, types of treatment modalities and use of the modalities. Identified the number and experience of medical and technical professionals available to provide services under	5

this initiative.	
Included a budget that is appropriate and reasonable based on the proposed costs as they relate to the proposal.	5
Includes a budget narrative that is complete, comprehensive and provides an explanation for each budget line item.	5
	100